USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice

United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Ronald Harris	28:2 1811 25	COURT CASE NUMBE	ER
DEFENDANT Thomas J. Dart, Salvador Godinez, Chester Plexico, Officer	Martieri, et al.	TYPE OF PROCESS	
NAME OF INDIVIDUAL, COMPANY, CORPORATIO		RIPTION OF PROPERTY TO	SEIZE OR CONDEMN
SERVE Rochelle A. Marterie			
AT ADDRESS (Street or RFD, Apartment No., City, State at			
1998 Dunmore Place, Hoffman Estates, IL 60			
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285	
Vito S. Solitro Barack Ferrazzano Kirschbaum & Nagelberg LLP 200 W. Madison Street, Suite 3900 Chicago, IL 60606		Number of parties to be served in this case	1
		Check for service on U.S.A.	
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL A All Telephone Numbers, and Estimated Times Available for Service):	ASSIST IN EXPEDITING SERV	ICE (Include Busines and	ite nate Addresses.
Alternate Address: 1641 73rd Court, Elmwood Park, IL 60707		MAR 1 5 2012	
// Sulha		THOMAS G. BRUTO	ON COURT
Signature of Attorney other Originator requesting service on behalf of:	PLAINTIFF C.	EPHONE NUMBER	DATE
	☐ DEFENDANT 3	12-984-3100	1-26-2012
SPACE BELOW FOR USE OF U.S. MARSHA	AL ONLY DO NOT	WRITE BELOW	THIS LINE
I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted) Total Process District of Origin Serve		d USMS Deputy or Clerk	Date 2/6/12
I hereby certify and return that I have personally served, have legal on the individual, company, corporation, etc., at the address shown above or	evidence of service, have exc	ecuted as shown in "Remarks"	t, the process described address inserted below.
I hereby certify and return that I am unable to locate the individual, co			
Name and title of individual served (if not shown above)	Roommate	☐ A person of suita	ble age and discretion lefendant's usual place
Address (complete only different than shown above)		Date 3/13/12	Time am
		Signature of U.S. Ma	rshal or Deputy
Service Fee Total Mileage Charges including endeavors) 531,62 Total Mileage Charges Forwarding Fee Including endeavors)	1 // 2 - 2 2 - 3 1	Amoun (oved to U.S. Marsha (Amount of Refund)) \$\begin{align*} \begin{align*} \lambda \cdot \cd	
REMARKS: 315/12-15+ Endeaver, No c	one at Residence		
I DUSM/		62 miles	Round Tr.
PRINT 5 COPIES: 1. CLERK OF THE COURT		PRIOR E	EDITIONS MAY BE USEI

- 2. USMS RECORD
- 3. NOTICE OF SERVICE
- 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
- 5. ACKNOWLEDGMENT OF RECEIPT